

Please complete form with in in CAPITAL LETTERS

## APPLICANT'S MEDICAL HISTORY

It is compulsory for all pupils to fill this medical form. Please fill this form correctly.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Does your child have any health problem? Sickle Cell, Asthma, Diabetes, Allergies or any other condition?

Please indicate: \_\_\_\_\_

2. Is your child up to date on his/her immunization?  Yes  No

3. Is your child on any prescription that should be taken during school hours?  Yes  No

Please indicate prescription: \_\_\_\_\_

4. Name and address of family hospital within Minna if available \_\_\_\_\_

\_\_\_\_\_

5. Do we have permission to administer non-prescription medications like pain relievers by the school nurse should the need arise?  Yes, I give my permission for non-prescription medications to be administered to my child

No, I do not give my permission for non- prescription medications to be administered to my child.

PARENT'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

RECIPT NO	REPORT CARD	MEDICAL FORMS	TEST SCORE	ADMISSION STATUS

All application packages to be accompanied by the following;

1. Completed application form
2. 3 passport size photographs
3. Copy of birth certificate or International passport
4. Complete Medical forms(immunization, health information and examination form)
5. Official Transcript or copies of previous Report Cards

### CURRICULUM AGE COMPARISMS

Nigerian System	American System	British System	Ages	EL-AIS UNIQUENESS	
Primary 1	Kindergarten	Year 1	5 years by September	Play class	2 Years by September
Primary 2	Grade 1	Year 2	6 years by September	Nursery 1	3 Years by September
Primary 3	Grade 2	Year 3	7 years by September	Nursery 2	4 years by September
Primary 4	Grade 3	Year 4	8 years by September		
Primary 5	Grade 4	Year 5	9 years by September		
Primary 6	Grade 5	Year 6	10 years by September	National common entrance examination taken this year	



## APPLICATION FORM

APPLICATION DATE: \_\_\_\_\_ PRESENT CLASS \_\_\_\_\_ CLASS APPLIED FOR \_\_\_\_\_

NAME OF THE PUPIL: First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Sex \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TEL \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RELIGION: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ STATE OF ORIGIN: \_\_\_\_\_

FATHER'S SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MOTHER'S SURNAME: \_\_\_\_\_ FIRTNAME: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_

MOTHER'S ADDRESS: \_\_\_\_\_

TEL \_\_\_\_\_

123

E-MAIL \_\_\_\_\_

DEF

456

GUARDIAN OR CONTACT PERSON ON AN EMERGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL \_\_\_\_\_

E-MAIL \_\_\_\_\_

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

RESERVATION OF AVAILABLE VACANCIES FOLLOWS IN ORDER OF APPLICATION.

DATE \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

Please attach 3 passport pictures and medical report.

Extract from the Rules of Admission

El-Amin International School guarantees that lessons will be carried out in accordance to the timetable and in the manner expected by parents. Parents will agree to abide by the rules of the school.

Admission to the school presupposes the following: - Absolute physical and mental health, moral and academic fitness.

Parent to confirm that their children are not of such character as to have been expelled from any school.